

REPORTABLE DISEASE CASE REPORT FORM

Utah Department of Agriculture and Food Division of Animal Industry

Date: _____ Recorded by: _____

Veterinarian: _____ Phone: _____

Owner: _____

Address: _____

City: _____ Phone: _____

SPECIES: _____

Number of Animals Involved: _____

Age: _____ Breed: _____ Sex: _____

Name or ID Number: _____

Address where animal is located: _____

DISEASE: _____

TESTS: _____

Other Tests: _____

Treated: YES NO Euthanized: YES NO

Other animal(s) on premises: _____

TO REPORT: Utah State Department of Agriculture and Food
 Division of Animal Industry
 350 N Redwood Rd, P.O. Box 146500
 Salt Lake City, UT 84114-6500
 Phone: (801) 538-7161
 FAX: (801) 538-7169